

## North Carolina School Health Program Manual Section C, School Nursing Practice, Chapter 9, Setting Priorities

### **Setting Work Priorities for the School Nurse**

Each day the average school nurse is faced with competing workplace demands that are often directed by others. Responding to these demands is challenging when the nature of the school setting also brings unpredictability and repeated interruption. To work effectively in this environment, the school nurse should be able to share the aspects of the role that are not visible to educators, and to develop an ability to set priorities addressing work demands based on a rationale for actions.

The practice of school nursing has changed over the years largely related to improvement in medical technology and changes in population health. These factors were presented in a North Carolina legislative study which described the improvement in survival for increasingly small, prematurely born infants that has translated to higher numbers of school-aged children with moderate to severe disabilities. Over time, there has also been a substantial rise in children living with chronic health conditions such as asthma, diabetes, and food allergies ([NC Program Evaluation Division \(PED\)](#), 2017). In response to these findings, federal law, state law, and other cultural and contextual factors related to equity, school nurse interventions have increased in complexity.

School nurses must often prioritize their work activities to meet growing demands when available time and resources are limited. A nurse covering multiple schools cannot provide the same level of service as a nurse covering one school. Regardless of workload factors, the school nurse should be able to articulate reasoning for addressing activities in a particular manner. This is an excellent opportunity to help other school staff understand the scope of practice of a school nurse. The school nurse can rely on the principles of triage for guidance as an objective way to organize work responsibilities. It is not always possible, or the best use of time, to respond to a student or to address a work activity, in the order of presentation. It is recommended that the nurse sort activities and needs according to the seriousness of the issue, and to place critical issues ahead of others (Illinois Emergency Medical Services for Children, 2022). Using the concepts of threat to health/wellbeing and legal/practice-based requirements, work activities may be separated into four categories:

- Highest Priority and Life Threatening (student safety related),
- High Priority and Not Life Threatening (safety and statute/regulation related),
- Lower Priority and Not Life Threatening, and
- Time Permitting after All Higher Priorities Addressed.

As the health leader and expert in the school community, the school nurse then has a plan for response. While dependent on the acuity of the students, available resources, and school nurse caseload, setting priorities helps the school nurse to efficiently address the multiple demands that are presented each day.

The National Association of School Nurses (NASN) has developed an interactive module, [Prioritizing School Nursing Practice Activities](#) including a [flowchart](#) with questions based on principles of triage for individual and population-based care that school nurses may find helpful in their decision-making process to prioritize activities. Additionally, NASN's [Back-to-School Toolkit](#) highlights resources needed by school nurses to promote the well-being of students and develop a healthy environment where students can thrive.

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## Setting School Nurse Priorities<sup>1</sup>

<p>(#1)</p> <p><b>Highest Priority and Life Threatening (student safety related)</b></p> <ol style="list-style-type: none"> <li>1. ABC emergencies</li> <li>2. Identification of students with life-threatening chronic conditions</li> <li>3. EAPs for life-threatening issues</li> <li>4. MD orders for life-threatening issues</li> <li>5. Staff training for life-threatening issues</li> <li>6. Suicide assessment</li> <li>7. Orientation of school nurses and new staff who will be providing delegated nursing care to students</li> </ol>	<p>(#2)</p> <p><b>High Priority and Not Life Threatening (safety and statute/regulation related)</b></p> <ol style="list-style-type: none"> <li>1. MD orders</li> <li>2. Medication training</li> <li>3. Medication audits</li> <li>4. Supervision of delegation</li> <li>5. IHP/POC/EAP development for not life-threatening conditions</li> <li>6. Staff training for IHPs/POC/EAPs</li> <li>7. Seasonal/outbreak communicable disease control</li> <li>8. Nursing assessment of students referred for issues, <i>not</i> acute care (outcome of assessment determines priority of subsequent care)</li> <li>9. Documentation records</li> <li>10. Ongoing nursing management of student with chronic problems to facilitate access to education</li> </ol>
<p>(#3)</p> <p><b>Lower Priority and Not Life Threatening</b></p> <ol style="list-style-type: none"> <li>1. Review, revision, development of policy</li> <li>2. Oversight/coordination of mass screenings</li> <li>3. Follow-up for screenings - secured care</li> <li>4. Regular faculty/principal meetings</li> <li>5. General staff training - immunization, CPR, OSHA, diabetes, epinephrine, etc.</li> <li>6. Reports</li> <li>7. Self-Inservice for licensure/competence</li> <li>8. IEP, 504, MTSS meetings</li> <li>9. Staff assessment for self-referred issues</li> <li>10. F/U Immunizations/Immunization Review</li> <li>11. F/U HAs/Review</li> <li>12. General record maintenance</li> <li>13. General call response (parent, agencies, etc.)</li> <li>14. Developing student resources - (knowledge of resources in the community/staying abreast of changes)</li> </ol>	<p>(#4)</p> <p><b>Time Permitting after All Higher Priorities Addressed</b></p> <ol style="list-style-type: none"> <li>1. Kindergarten orientation for parents</li> <li>2. Daily, routine acute care of students (health room)</li> <li>3. Health related newsletters/bulletin boards</li> <li>4. Classroom health instruction as guest adjunct to classroom teacher</li> <li>5. <i>Performing</i> (as opposed to coordinating) routine mass screenings</li> <li>6. Lice response</li> <li>7. Collaborative planning meetings with other agencies such as SHAC, disaster preparedness, etc.</li> </ol> <p>The level of services provided by the school nurse is dependent on the number of schools and the acuity of students assigned. A nurse serving one school with a population at or below the recommended level of 750 regular education students may be able to address the activities in all four squares. Regardless of ratio, each school nurse must prioritize. The order of the priorities is established by (in order) the threat to life, the requirements of the law, the practice standards that exist and school-based policy and procedure.</p>

<sup>1</sup>Adapted from Four Square Organizer – D. F. Pooley; and *The 7 Habits of Highly Effective People*, S. Covey

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## **References**

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